

U.S. Department of Justice  
United States Marshals Service**PROCESS RECEIPT AND RETURN**See Instructions for "Service of Process by the U.S. Marshal"  
on the reverse of this form.

9

PLAINTIFF <b>UNITED STATES OF AMERICA</b>		COURT CASE NUMBER <b>94CV73575</b>
DEFENDANT <b>JAMES HALLER</b>		TYPE OF PROCESS <b>Subpoena for Debtor's Exam</b>
<b>SERVE</b> ➔	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN <b>James Haller c/o Scott Sither, Esq. Law Offices of Scott D. Sither</b>	
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) <b>555 S. Old Woodward Avenue, Suite 700, Birmingham, MI 48009</b>	
<b>AT</b>		

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:

US Attorney's Office  
Financial Litigation Unit  
211 W. Fort Street, Suite 2001  
Detroit, MI 48226

Number of process to be served with this Form - 285

Number of parties to be served in this case

Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):

Please serve on or before July 26, 2005

Please confirm counsel will accept service by telephone (248) 644-4484

Signature of Attorney or other Originator requesting service on behalf of:

☒ PLAINTIFF☐ DEFENDANT

TELEPHONE NUMBER

(313) 226-9108

DATE

06-23-05

**SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE**I acknowledge receipt for the total number of process indicated.  
(Sign only first USM 285 if more than one USM 285 is submitted)

Total Process

1

District of Origin

No. 37

District to Serve

No. 37

Signature of Authorized USMS Deputy or Clerk

J. Woods

Date

6/23/05

I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.☒ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)

☐ A person of suitable age and discretion then residing in the defendant's usual place of abode.

Address (complete only if different than shown above)

Date of Service

072905 1750 pm

Signature of U.S. Marshal Deputy

J. Woods

Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund

REMARKS:

7/29/05 served Maureen Haller, who contacted Sither, who was not available for SVC. But stated he would appear.  
50 miles

# United States District Court Eastern District of Michigan



## Subpoena in a Civil Case and Return of Service Form

Plaintiff(s)

UNITED STATES OF AMERICA  
U.S. Attorney's Office  
211 W. Fort St., Ste. 2001  
Detroit, MI 48226-3211

Defendant(s)

JAMES HALLER  
3810 Shady Beach  
Orchard Lake, MI 48324-3063

v

TO: JAMES HALLER  
C/o Scott Sitner, Esq.  
Law Offices of Scott D. Sitner  
555 S. Old Woodward Avenue  
Suite 700  
Birmingham, MI 48009

CASE NO. 94CV73575

JUDGE AVERN COHN

- ☐ SUBPOENA FOR ATTENDANCE AT TRIAL  
☒ SUBPOENA FOR ATTENDANCE AT A DEPOSITION  
☐ DOCUMENT PRODUCTION REQUEST ONLY  
☐ PROPERTY INSPECTION REQUEST ONLY

**COMMAND TO APPEAR**

YOU ARE HEREBY COMMANDED to appear at the place, date and time specified below to give testimony in the above case, and, if so indicated, to bring certain documents with you.

Place:

UNITED STATES ATTORNEY'S OFFICE  
211 W. Fort Street, Suite 2001  
Detroit, MI 48226-3211

Date: AUGUST 9, 2005

Time: 11:00 A.M.

- ☒ APPEARANCE WITH DOCUMENTS (SEE DESCRIPTION BELOW)  
☐ APPEARANCE WITHOUT DOCUMENTS

**COMMAND FOR  
DOCUMENTS**

YOU ARE HEREBY COMMANDED to have the following documents, objects or things delivered to the place listed below, or allow the inspection of the below-listed property at the date and time specified.

Place:

Date:  
Time:

Description of documents/items to be produced or property to be inspected:

SEE ATTACHED

This subpoena is issued by (name, address and telephone number of attorney:)

JACQUELINE M. HOTZ (P35219)  
211 W. FORT ST., STE. 2001  
DETROIT, MI 48226  
313.226.9108

Date of execution

JUN 23 2005

On behalf of the  
☒ Plaintiff ☐ Defendant

Signature of issuing attorney's/court officer

JACQUELINE M. HOTZ  
ASSISTANT U.S. ATTORNEY

**LIST OF DOCUMENTS TO BRING TO DEPOSITION**

1. Earnings statements from your most recent paychecks or other documents reflecting compensation of any type received by you within the previous 12 months
2. Bank statement(s) from all banks or other financial institutions where you have any account of any kind from the previous 12 months
3. All trust agreements in which you are named trustor, trustee or beneficiary
4. All deeds, leases, contracts and other documents representing any ownership interest you have in any real property and all deeds of trust, mortgages or other documents evidencing encumbrances of any kind on your real property.
5. All stocks, bonds or other securities you may own; all brokerage statements reflecting ownership
6. Title to motor vehicles you own
7. All life insurance policies in which you are identified as either the insured or the beneficiary
8. All promissory notes held by you and all documents evidencing any money owed to you either now or in the future
9. All financial statements, profit and loss statements or balance sheets furnished by you within the preceding 24 months
10. All deeds, bills of sale or other documents prepared in connection with any transfer made by you, either by gift, sale or otherwise, within the preceding 24 months
11. Copies of regular expenses paid by you, such as installment debts, food, utilities, etc.
12. Copies of documents reflecting your receipt of any funds from any third party.
13. All documents evidencing any interest you have in any pension plan, retirement fund or profit-sharing plan.
14. Copies of local, state and federal income tax returns for the preceding 3 years.



U.S. Department of Justice  
Financial Statement of Debtor  
(Submitted for Government Action on  
Claims Due the United States)

**NOTE:** Use additional sheets where space on this form  
is insufficient or continue on back of last page.

**FINANCIAL STATEMENT OF DEBTOR**

Authority for the solicitation of the requested information is one or more of the following: 5 U.S.C. 301, 901 (see Note, Executive Order 6166, June 10, 1933); 28 U.S.C. 501, *et seq.*; 31 U.S.C. 951, *et seq.*; 44 U.S.C. 3101; 4 CFR 101, *et seq.*; 28 CFR 0.160, 0.171 and Appendix to Subpart Y, Fed.R.Civ.P. 33(a), 28 U.S.C. 1651, 3201 *et seq.*

The principal purpose for gathering this information is to evaluate your ability to pay the Government's claim or judgment against you. Routine uses of the information are established in the following U.S. Department of Justice Case File Systems published in Vol. 42 of the Federal Register, Justice/CIV-001 at page 5332; Justice/TAX-001 at page 15347; Justice/USA-005 at pages 53406-53407; Justice/USA-007 at pages 53408-53410; Justice/CRIM-016 at page 12274. Disclosure of the information is voluntary. If the requested information is not furnished, the U.S. Department of Justice has the right to such disclosure of the information by legal methods.

**Section 1**

Personal  
Information

1. Full Name(s) \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
County of Residence \_\_\_\_\_  
How long at this residence? \_\_\_\_\_
- 1a. Home Telephone: (\_\_\_\_) \_\_\_\_\_  
Best Time to Call \_\_\_\_\_ a.m. \_\_\_\_\_ p.m.  
1b. Cellular Number: (\_\_\_\_) \_\_\_\_\_
2. Marital Status:  
☐ Married ☐ Separated  
☐ Unmarried (single, divorced, widowed)
3. Your Social Security No. (SSN) \_\_\_\_\_  
4. Spouse's Social Security No. \_\_\_\_\_
- 3a. Your Date of Birth (mm/dd/yy) \_\_\_\_\_  
4a. Spouse's Date of Birth (mm/dd/yy) \_\_\_\_\_
5. ☐ Own Home ☐ Rent ☐ Other (specify, i.e. share rent, live with relative) \_\_\_\_\_

6. List the dependants you can claim on your tax return: (Attach sheet if more space is needed)

First Name	Relationship	Age	Does this person live with you?	First Name	Relationship	Age	Does this person live with you?
_____	_____	_____	<input type="checkbox"/> No <input type="checkbox"/> Yes	_____	_____	_____	<input type="checkbox"/> No <input type="checkbox"/> Yes
_____	_____	_____	<input type="checkbox"/> No <input type="checkbox"/> Yes	_____	_____	_____	<input type="checkbox"/> No <input type="checkbox"/> Yes

**Section 2**

Your  
Business  
Information

7. Are you or your spouse self-employed or operate a business? (Check "Yes" if either applies)  
☐ No ☐ Yes If yes, provide the following information:
- 7a. Name of Business \_\_\_\_\_  
7b. Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
- 7c. Employer Identification No: \_\_\_\_\_  
7d. Do you have employees? ☐ No ☐ Yes  
7e. Do you have accounts receivable? ☐ No ☐ Yes  
If yes, please complete section 8 on page 5.



**ATTACHMENTS REQUIRED:** Please provide proof of self-employment income for the prior 3 months  
(e.g. invoices, commissions, sales records, income statement).

**Section 3**

Employment  
Information

8. Your employer \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Work telephone no. (\_\_\_\_) \_\_\_\_\_  
May we contact you at work? ☐ No ☐ Yes  
8a. How long with this employer? \_\_\_\_\_  
8b. Occupation \_\_\_\_\_
9. Spouse's Employer \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Work telephone no. (\_\_\_\_) \_\_\_\_\_  
May we contact you at work? ☐ No ☐ Yes  
9a. How long with this employer? \_\_\_\_\_  
9b. Occupation \_\_\_\_\_



**ATTACHMENTS REQUIRED:** Please provide proof of gross earnings and deductions for the past 3 months from each employer (e.g. pay stubs, earnings statements). If year-to-date information is available, send only 1 such statement as long as a minimum of 3 months is represented.

Name \_\_\_\_\_

SSN \_\_\_\_\_

Page 2

**Section 4**Other  
Income  
Information

10. Do you receive income from sources other than your own business or your employer? (Check all that apply.)

☐ Pension☐ Social Security☐ Other (specify, e.g. child support, alimony, rental) \_\_\_\_\_**ATTACHMENTS REQUIRED:** Please provide proof of pension/social security/other income for the past 3 months from each payor, including any statements showing deductions. If year-to-date information is available, send only 1 statement as long as 3 months is represented.**Section 5**Banking,  
Investment,  
Cash, Credit  
and Life  
Insurance Information11. **CHECKING ACCOUNTS.** List all checking accounts. (If you need additional space, attach a separate sheet.)

Type of Account	Full name of Bank, Credit Union or Institution	Bank Account No.	Current Account Balance
11a. Checking	Name _____ Address _____ City/State/Zip _____	_____	\$ _____
11b. Checking	Name _____ Address _____ City/State/Zip _____	_____	\$ _____
11c. Total Checking Accounts Balances			\$ _____

12. **OTHER ACCOUNTS.** List all accounts, including brokerage, savings and money market, not listed in 11.

Type of Account	Full name of Bank, Credit Union or Institution	Bank Account No.	Current Account Balance
12a. _____	Name _____ Address _____ City/State/Zip _____	_____	\$ _____
12b. _____	Name _____ Address _____ City/State/Zip _____	_____	\$ _____
12c. Total Other Account Balances			\$ _____

**ATTACHMENTS REQUIRED:** Please include your current bank statements (checking, savings, money market and brokerage accounts) for the past 3 months for all accounts.13. **INVESTMENTS.** List all investment assets below. Include stocks, bonds, mutual funds, stock options, certificates of deposits and retirement assets such as IRAs, Keogh and 401(k) plans.

Name of Company	Number of Shares/Units	Current Value	Loan Amount (if any)	Used as collateral on loan?
13a. _____	_____	\$ _____	\$ _____	<input type="checkbox"/> No <input type="checkbox"/> Yes
13b. _____	_____	\$ _____	\$ _____	<input type="checkbox"/> No <input type="checkbox"/> Yes
13c. _____	_____	\$ _____	\$ _____	<input type="checkbox"/> No <input type="checkbox"/> Yes

13d. Total Investments \$ \_\_\_\_\_

14. **CASH ON HAND.** Include any money that you have that is not in the bank.

14a. Total Cash on Hand \$ \_\_\_\_\_

Name \_\_\_\_\_

SSN \_\_\_\_\_

Page 3

**Section 5**  
continued**15. AVAILABLE CREDIT.** List all lines of credit, including credit cards. (If you need additional space, attach a separate sheet.)

	Full Name of Credit Institution	Credit Limit	Amount Owed	Minimum Payment
15a.	Name _____ Address _____ City/State/Zip _____	_____	_____	\$ _____
15b.	Name _____ Address _____ City/State/Zip _____	_____	_____	\$ _____

**15c. Total Minimum Payments** \$ \_\_\_\_\_**16. LIFE INSURANCE.** Do you have life insurance with a cash value? ☐ No ☐ Yes  
(Term Life Insurance does not have a cash value.)**16a.** Name of Insurance Company \_\_\_\_\_**16b.** Policy Number(s) \_\_\_\_\_**16c.** Owner of Policy \_\_\_\_\_**16d.** Current Cash Value \$ \_\_\_\_\_ **16e.** Outstanding Loan Balance \$ \_\_\_\_\_**Subtract "Outstanding Loan Balance: line 16e from "Current Cash Value" line 16d = 16f** \$ \_\_\_\_\_**ATTACHMENTS REQUIRED:** Please include a statement from the life insurance companies that includes type and cash/loan value amounts. If currently borrowed against, include loan amount and date of loan.**Section 6**  
Other**17. OTHER INFORMATION.** Respond to the following questions related to your financial condition:  
(Attach a separate sheet if you need more space.) Information**17a.** Do you have a safe deposit box? ☐ No ☐ YesIf yes, please include the name and address of location of box, the box number and the contents below:  
\_\_\_\_\_  
\_\_\_\_\_**17b.** Do you have a will? ☐ No ☐ Yes; if yes, where is it kept? \_\_\_\_\_**17c.** Are there any garnishments against your wages? ☐ No ☐ Yes

If yes, who is the creditor? \_\_\_\_\_ Date of Judgment \_\_\_\_\_ Amount of debt \$ \_\_\_\_\_

**17d.** Are there any judgments against you? ☐ No ☐ Yes

If yes, who is the creditor? \_\_\_\_\_ Date of Judgment \_\_\_\_\_ Amount of debt \$ \_\_\_\_\_

**17e.** Are you a party to a lawsuit? ☐ No ☐ Yes

If yes, amount of suit \$ \_\_\_\_\_ Possible completion date \_\_\_\_\_ Court \_\_\_\_\_

Subject matter of suit \_\_\_\_\_

**17f.** Did you ever file bankruptcy? ☐ No ☐ Yes

If yes, date filed \_\_\_\_\_ Date discharged \_\_\_\_\_

**17g.** In the past 10 years did you transfer any assets out of your name for less than their actual value?☐ No ☐ Yes

If yes, what asset? \_\_\_\_\_ Value of asset at time of transfer \$ \_\_\_\_\_

When was it transferred? \_\_\_\_\_ To whom was it transferred? \_\_\_\_\_

**17h.** Do you anticipate any increase in household income in the next 2 years? ☐ No ☐ Yes

If yes, why will the income increase? \_\_\_\_\_ (Attach sheet if you need more space.)

How much will it increase? \_\_\_\_\_

**17i.** Are you a beneficiary of a trust or an estate? ☐ No ☐ Yes

If yes, name of the trust or estate \_\_\_\_\_ Anticipated amount to be received \$ \_\_\_\_\_

When will the amount be received? \_\_\_\_\_

**17j.** Are you a participant in a profit sharing plan? ☐ No ☐ Yes

If yes, name of plan \_\_\_\_\_ Value in plan \$ \_\_\_\_\_

Name \_\_\_\_\_

SSN \_\_\_\_\_

Page 4

**Section 7**  
Assets and  
Liabilities**18. PURCHASED AUTOMOBILES, TRUCKS AND OTHER LICENSED ASSETS.** Include boats, RV's, motorcycles, trailers, etc. (If you need additional space, attach a separate sheet.)

	Description (year, make, model)	*Current Value	Current Loan Balance	Name of Lender	Purchase Date	Monthly Payment
*Current Value is the amount you could sell the asset for today	18a. _____	\$ _____	\$ _____	_____	_____	\$ _____
	_____					
	18b. _____	\$ _____	\$ _____	_____	_____	\$ _____
	_____					
	_____					

**LEASED AUTOMOBILES, TRUCKS AND OTHER LICENSED ASSETS.** Include boats, RV's, motorcycles, trailers, etc. (If you need additional space, attach a separate sheet.)

	Description (year, make, model)	Lease Balance	Name and Address of Lessor	Lease Date	Monthly Payment
	18c. _____	\$ _____	_____	_____	\$ _____
	_____				
	18d. _____	\$ _____	_____	_____	\$ _____
	_____				
	_____				

**ATTACHMENTS REQUIRED:** Please include your current statement from lender with monthly car payment and current balance of the loan for each vehicle purchased or leased.**20. REAL ESTATE.** List all real estate you own. (If you need additional space, attach a separate sheet.)

Street Address, City State, Zip, County Lender/Lien Holder	Date Purchased	Purchase Price	*Current Value	Loan Balance	Monthly Pymt
20a. _____	_____	\$ _____	\$ _____	\$ _____	\$ _____
_____					
20b. _____	_____	\$ _____	\$ _____	\$ _____	\$ _____
_____					
_____					

**21. PERSONAL ASSETS.** List all personal assets below. (If you need additional space, attach a separate sheet.)*Furniture/Personal effects* includes the total current market value of your household such as furniture and appliances*Other Personal Assets* includes all artwork, jewelry, collections, antiques or other assets

	Description	Current Value	Loan Balance	Lender	Monthly Payment	Date of Final Pymt
21a.	Furniture/Personal Effects	\$ _____	\$ _____	_____	\$ _____	_____
	Other: (List below)					
21b.	Artwork	\$ _____	\$ _____	_____	\$ _____	_____
21c.	Jewelry	\$ _____	\$ _____	_____	\$ _____	_____
21d.	_____	\$ _____	\$ _____	_____	\$ _____	_____
21e.	_____	\$ _____	\$ _____	_____	\$ _____	_____

Name \_\_\_\_\_

SSN \_\_\_\_\_

Page 5

**Section 7**

continued

**22. BUSINESS ASSETS.** List all business assets and encumbrances below, include Uniform Commercial Code filings. (If you need additional space, attach a separate sheet.) *Tools used in Trade or Business* includes the basic tools or books used to conduct your business, excluding automobiles. *Other Business Assets* includes machinery, equipment, inventory or other assets.

	<u>Description</u>	<u>Current Value</u>	<u>Loan Balance</u>	<u>Lender</u>	<u>Monthly Payment</u>	<u>Date of Final Pymt</u>
22a.	Tools used in Trade/ Business	\$ _____	\$ _____	_____	\$ _____	_____
	Other: (List below)					
22b.	Machinery	\$ _____	\$ _____	_____	\$ _____	_____
22c.	Equipment	\$ _____	\$ _____	_____	\$ _____	_____
22d.	_____	\$ _____	\$ _____	_____	\$ _____	_____
22e.	_____	\$ _____	\$ _____	_____	\$ _____	_____

**Section 8**Accounts/  
Notes  
Receivable

**23. ACCOUNTS/NOTES RECEIVABLE.** List all accounts separately, including contracts awarded, but not started. (If you need additional space, attach a separate sheet.)

Use only if  
needed

	<u>Description</u>	<u>Amount Due</u>	<u>Date Due</u>	<u>Age of Account</u>
23a.	Name _____ Address _____ City/State/Zip _____	\$ _____	_____	<input type="checkbox"/> 0-30 days <input type="checkbox"/> 30-60 days <input type="checkbox"/> 60-90 days <input type="checkbox"/> 90+ days
23b.	Name _____ Address _____ City/State/Zip _____	\$ _____	_____	<input type="checkbox"/> 0-30 days <input type="checkbox"/> 30-60 days <input type="checkbox"/> 60-90 days <input type="checkbox"/> 90+ days
23c.	Name _____ Address _____ City/State/Zip _____	\$ _____	_____	<input type="checkbox"/> 0-30 days <input type="checkbox"/> 30-60 days <input type="checkbox"/> 60-90 days <input type="checkbox"/> 90+ days
23d.	Name _____ Address _____ City/State/Zip _____	\$ _____	_____	<input type="checkbox"/> 0-30 days <input type="checkbox"/> 30-60 days <input type="checkbox"/> 60-90 days <input type="checkbox"/> 90+ days
23e.	Name _____ Address _____ City/State/Zip _____	\$ _____	_____	<input type="checkbox"/> 0-30 days <input type="checkbox"/> 30-60 days <input type="checkbox"/> 60-90 days <input type="checkbox"/> 90+ days
23f.	Name _____ Address _____ City/State/Zip _____	\$ _____	_____	<input type="checkbox"/> 0-30 days <input type="checkbox"/> 30-60 days <input type="checkbox"/> 60-90 days <input type="checkbox"/> 90+ days

Add "Amount Due" from lines 23a through 23f = 23g \$ \_\_\_\_\_



Name \_\_\_\_\_

SSN \_\_\_\_\_

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**Section 9**Monthly  
Income and  
Expense  
AnalysisIf only one  
spouse has  
a debt, but  
both have  
income, list  
the total  
household  
income and  
expenses.**Total Income****Source****Gross monthly**

24. Wages (yourself) \$ \_\_\_\_\_

25. Wages (spouse) \_\_\_\_\_

26. Interest - Dividends \_\_\_\_\_

27. Net Business Income \_\_\_\_\_

28. Net Rental Income \_\_\_\_\_

29. Pension/Social Security \_\_\_\_\_

30. Pension/Social Security \_\_\_\_\_  
(Spouse)

31. Child Support \_\_\_\_\_

32. Alimony \_\_\_\_\_

33. Other \_\_\_\_\_

34. Total Income \$ \_\_\_\_\_

**Total Living Expenses****Expense Items<sup>1</sup>****Actual Monthly**

35. Rent/Mortgage \$ \_\_\_\_\_

36. Electric \_\_\_\_\_

37. Natural Gas \_\_\_\_\_

38. Cable TV \_\_\_\_\_

39. Telephone \_\_\_\_\_

40. Water \_\_\_\_\_

41. Food \_\_\_\_\_

42. Car Payment \_\_\_\_\_

43. Gasoline \_\_\_\_\_

44. Car Insurance \_\_\_\_\_

45. Cell Phone/Pager \_\_\_\_\_

46. Other Utilities \_\_\_\_\_

47. Clothing & Misc. \_\_\_\_\_

48. Health Care \_\_\_\_\_

49. Court Ordered Payments \_\_\_\_\_

50. Child/Dependant Care \_\_\_\_\_

51. Life Insurance \_\_\_\_\_

52. Other secured debt \_\_\_\_\_

53. Other expenses \_\_\_\_\_

54. Education Expenses \_\_\_\_\_

55. Total Living Expenses \$ \_\_\_\_\_

**ATTACHMENTS REQUIRED:** Please include:

- A copy of your last Form 1040 with all Schedules
- Proof of all current expenses that you paid for the last 3 months, including utilities, rent, insurance, property taxes, etc.
- Proof of all non-business transportation expenses (e.g. car payments, lease payments, fuel, oil, insurance, parking, registration)
- Proof of payments for health care, including health insurance premiums, co-payments and other out-of-pocket expenses
- Copies of any court order requiring payment and proof of such payments for the past 3 months

**CERTIFICATION**

I declare that I have examined the information given in this statement and, to the best of my knowledge and belief, it is true, correct, and complete, and I further declare that I have no assets, owned either directly or indirectly, or income of any nature other than as shown in this statement, including any attachment.

Signature \_\_\_\_\_

Social Security No. \_\_\_\_\_

Date \_\_\_\_\_

**WARNING**

False statements are punishable up to five years imprisonment, a fine of \$250,000, or both pursuant to 18 U.S.C. §1001.

<sup>1</sup>Expenses generally not allowed: We generally do not allow you to claim tuition for private schools, public or private college expenses, charitable donations, voluntary retirement contributions, payments on unsecured debts such as credit card bills and other similar expenses. However, we may allow these expenses, if you can prove that they are necessary for the health and welfare of you or your family.